

High School Student Scholarship Application (2019-2020)

PRINT OR TYPE ALL INFORMATION. Student must complete the application in its entirety to be valid. Applications must be received by Friday, May 1, 2020.

Student's Legal Name:

Last First

Current Address:

Street City/State Zip Code

Phone/E-mail Address:

Phone Number E-mail Address

Name and Address of Parent(s) or Legal Guardian(s):

Last First Phone Number

Street City/State Zip Code

List Siblings at Home and Those Presently Attending College:

High School Attended:

*Transcript required.

Name of School City/State/Zip Date of Graduation

High School Scores:

Class Rank Number in Class ACT Composite Score

Cumulative GPA Weighted GPA SAT Composite Score

List School Honors, Extracurricular Activities, Offices Held:

Please list in order of importance to you.

1) _____
School Honor/Activity Position Held No. of Years of Participation

Experience Gained

2) _____
School Honor/Activity Position Held No. of Years of Participation

Experience Gained

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List School Honors, Extracurricular Activities, Offices Held:
(continued)

3) _____
 School Honor/Activity Position Held No. of Years of Participation

_____ Experience Gained

4) _____
 School Honor/Activity Position Held No. of Years of Participation

_____ Experience Gained

5) _____
 School Honor/Activity Position Held No. of Years of Participation

_____ Experience Gained

List Non-School/Community Activities, Offices Held:

Please list in order of importance to you.

1) _____
 Community Activity Position Held No. of Years of Participation

_____ Experience Gained

2) _____
 Community Activity Position Held No. of Years of Participation

_____ Experience Gained

3) _____
 Community Activity Position Held No. of Years of Participation

_____ Experience Gained

Career Mentorship Program:

Yes No _____
 Have you participated in a Career Mentorship Program? If so, list the name and location of the company.

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**Current/
Previous
Employment:**

1) _____
Name of Employer Street/City State/Zip Code

Phone Number Contact Person Date of Employment

2) _____
Name of Employer Street/City State/Zip Code

Phone Number Contact Person Date of Employment

**Schools to
Which You
Have Applied:**

Name of School City/State/Zip Yes No
Have you been accepted?

Name of School City/State/Zip Yes No
Have you been accepted?

Name of School City/State/Zip Yes No
Have you been accepted?

**School You Will
Be Attending:**

Name of School

Proposed Field of Study No. of Years to Complete Program

**Scholarships
and Amounts
Received to
Date:**

Name of Scholarship Amount Yes No
Renewable?

Name of Scholarship Amount Yes No
Renewable?

Name of Scholarship Amount Yes No
Renewable?

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- Attachments:** (mandatory)
- 1) TRANSCRIPT INFORMATION: Applicant must submit an official high school transcript.
 - 2) GOALS AND ASPIRATIONS: Applicant must attach an essay (not to exceed one page) describing his/her educational plans as they relate to their career objective and future goals in the field of Engineering, Surveying, Architecture, or closely related field of study and how this scholarship will help them.

- Attachments:** (optional)
- 1) REFERENCES: Applicant may attach a list of names and phone numbers of references or written references from teachers, clergy, employers, etc.
 - 2) ADDITIONAL INFORMATION: Applicant may attach any additional information for which the applicant did not have room to complete on this application or which they feel will be helpful information.

Certification: All the information on this application is true and complete to the best of my knowledge. I authorize independent verification, and I understand that if awarded this scholarship, information contained in this application may be released to the media.

Signature of Applicant

Date